

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8208

State File No. _____

2371

ED MAR 20 1945 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Susie Dalton

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Dalton 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 21 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Rogersville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Lassley

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Brown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Lassley Jr.

(b) Address Rogersville, Mo.

17. (a) Burial (b) Date thereof 3/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparte, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) 1943 (b) J. T. Bridgick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster
(c) City or town Rogersville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from March 2 1943 to March 10 1943
that I last saw her alive on March 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Sum of Brain 8th N

Due to Benign

Other conditions (Include pregnancy within 3 months of death) 56

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. T. Bridgick (M. D. or other)
Address 4952 Maryland Date signed 3/11/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harold G. Burnley*.....
Licensed Embalmer No. *4202*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.